

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/581651

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10	1		1			
11						
12						
13						
14	1					
15						
16						
17						
18	4		4			
19						
20						
21						
22						
23	4		4			
24	1		4			
25						
26						
27						
28						
29						
30						
31						
32						
33						
34	3		3			
35	1		3			
36	1					
37						
38	1		4			
39	1		4			
40						
41						
42						
43	8		1			
44	1		6			
45	1					
46						
47	8		2			
48	8		2			
49	8		2			
50	1		2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	2				
52	1	2				
53	1	2				
54	1	2				
55	1	2				
56	1	2				
57	1	2				
58	1	2				
59						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						